

EXHIBIT C

#01 OF 01

1222221

00:00 00:00

NY 200 200 200
THURSDAY 2/20/84

Initial report of personal injury

1	To	Utica Dispatchers Office	Date reported	2/20/84
2	Place where occurred	Correctional	Time of report	5:30
3	Time reported	2/20/84	Married	<input checked="" type="checkbox"/> Single
4	Name & employee no. of injured	105545	Home terminal of injured	Crater 1141-14
5	Occupation	Inspector	Home terminal of injured	Crater 1141-14
6	Age & birth date	10/19/55	Home terminal of injured	Crater 1141-14
7	Home address	46 Crater Ave. Peekskill NY 10566	Home terminal of injured	Crater 1141-14
8	Nature & extent of injury	Pain in chest and lower back	Home terminal of injured	Crater 1141-14
9	Circumstances	While disconnecting air hose on train, employee was struck in chest by hose and knocked to ground. Refused medical attention. Completed Tour of Duty.		
10	Name of medical facility	NONE		
11	Name of attending doctor			
12	Will attending Doctor agree to restricted duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13	If not now, at a later date?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
14	No. of days off estimated by Doctor			
15	Actual days off prior to restricted duty			
16	Name & title of immediate supervisor in charge at point of accident	R.E. Goldfinger IM.		